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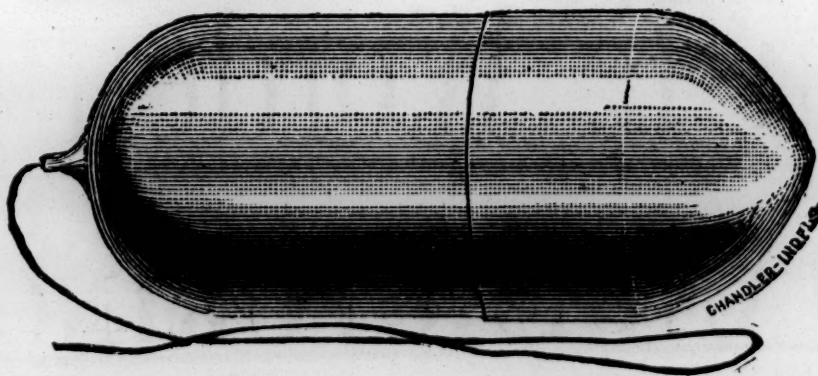
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VOL. XIV. } SAN FRANCISCO, CAL., NOV., 1892. { NO. 11.

The Board of Examiners of the Eclectic Medical Society of California, will meet throughout the year regularly at 4 o'clock P. M. on the second Thursday of each month, at the office of GEO. G. GERE, M. D., Secretary 112 Grant, Avenue, San Francisco.

NOTICE TO CONTRIBUTORS.—Write on one side of the paper only. Write plain When you wish to begin a paragraph at a given word, place before it in your MS the sign ¶. Words to be printed in *italics* should be underscored once, in SMALL CAPITALS twice, in LARGE CAPITALS three times.

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The Sense of Smell—— A diagnostic and prognostic aid.

BY W. K. VANCE, M. D., Sonoma.

The medical tyro has no sooner crossed the threshold of his alma mater than the importance of training all the senses is urged upon him. He is told that our science and art have been most advanced by Hippocratic observers of facts. Common parlance calls for “the lady’s hand, the lion’s heart, the eagle’s eye” as the triple qualification for a doctor. This phrase must have become incorporated among the *voces populi* before Lænnec flourished, else surely to the seeing eye and the *tactus eruditus* were added the musician’s “hearing ear.” Eye, ear and touch constitute a trinity of power for the votary of the healing art.

The senses of taste and smell appear to be generally relegated to a minor place in the equipment of a practitioner: the latter, however, will often score a point and create a good impression if he show himself an expert *taster* of the patient's physic, food and drink.

Nor can the true Esculapian seer afford to neglect exercise of the olfactory nerves. Here is a pretty good test question put to some of us candidates at an examination in London some years ago—mention instances where the sense of smell is useful in diagnosis of disease? Since the time of that ordeal I have been in the habit of noting down cases in illustration, and now my record book has about sixty quotations or observations. It occurs to me that these might form the basis of a suggestive article; the more so that in all my reading, I have not met a chapter or lecture devoted to the exposition of this matter.

There is no doubt that some physicians possess more acute powers than others to detect odors of disease and the sick chamber, and we are not surprised that occasionally this detecting sense is preternaturally sharp. Heim, of Berlin, 50 years ago, recognized measles, scarlet fever, small pox by their distinctive smell, on first entering the house and ere seeing the patient. Fagge, in his classic treatise, remarking that the sweet smell of the diabetic sufferer's breath, can be recognized by some people even at a little distance, goes on to narrate that Dr. Babington, when he came down to take in patients on a Wednesday morning at Guy's, could tell directly whether there was a case of diabetes among the applicants.

Skoda (Vienna) used to sniff on approaching subjects in the last stage of pneumonia, phthisis, typhoid. He gave unfavorable prognosis on perceiving a "cadaverous" odor. Comp-

ton (Birmingham,) a week or 14 days before dissolution, found a "peculiar earthy smell" which never deceived him. "Earth to earth," we may exclaim, in the language of an old formula, "we are dead many times before we die," said the genial Charles Lamb. Sir Thomas Watson mentions the cadaverous emanation apt to accompany the slow extinction of life in Addison's disease.

Our distinguished professor of Physiology in Queen's College, Belfast, in his lectures spoke of the ammoniacal smell noticed under the bedclothes often times, and quoted the common saying of nurses, "the smell of death is upon him;" and I recall the riotous applause with which we young fellows greeted the lecturer when he went on to speak of the breath of habitual smokers as "empyreumatic and ammoniacal." Tobacco naturally suggests alcohol. Everyone knows the alcoholic smell of the breath in narcosis from inebriants, also the characteristics odor of breath and skin in Delirium Tremens. If the latter disorder is taking an unfavorable course, the skin exhales a smell "between a vinous and alliaceous odor.

I am myself quite conscious of having frequently verified this cadaverous odor towards the close of some acute maladies and many exhausting illnesses. Last year, in company with a prominent physician, I was watching a case of grippe-pneumonia in a lady. Both of us, about same time, came to the conclusion that the lady must sink; and I based my opinion partly on the fact that already I detected this harbinger of death. My confrere, however, failed to satisfy himself of the existence of the warning odor. The same odor has become sensible to me near the end of cases of tuberculosis and cancer. Quite recently I had under my care a victim of medul-

lary or encephaloid carcinoma situated in Scarpa's triangle. When collapse at length set in, a cadaveric odor was manifest, and I observed to the nurse that dissolution might be regarded as actually begun. This odor was quite separate from the peculiar odor of carcematous ulceration which had daily assailed my olfactory when I visited the poor man to spray and dress his sore with disinfectants. Mason refers to the "peculiar odor" of the ulcerative process in Epithelial Carcinoma. Also most of us know something of the very nauseating odor from the almost continuous serous discharge of cancer uteri. Sir J. Simpson and A. Bennett declared their ability to make a diagnosis therefrom.

As might be expected fevers and zymotic diseases are prolific of special odors.

Moriarity, of Cork, describes "a peculiar, sickening, nauseous cold smell from the body of almost every fever patient—the product of an ammoniacal secretion." I cannot say that this description answers to my own experience. Certainly I frequently have noticed that the breath and perspiration give off a heavy, warm, saccharine, fermentive smell in febris pneumonica, measles, scarlet fever, pyæmia. The student in his first hospital year observes the sour smelling perspiration of acute Rheumatic fever.

In connection with this may be mentioned the acid odor of sweat during milk fever, and a pungent smell in the lying-in chamber announcing the full establishment of the lacteal secretion.

Persons laboring under ague know an odor as indicating approach of an attack of fever, and similarly, an ammoniacal effluvium may indicate advent of puerperal fever. Children with a tendency to gastric fever exhibit a sourish smell of the

breath. The odor of yellow fever is defined as resembling that of mice.

A well marked odor is that characterizing Typhus. It exhales from the skin and is thought to be due to capillary stagnation. Begbie discriminated typhus from typhoid by a sanguineous or mousey smell. The authorities variously describe this typhus odor. A smell *sui generis* (Murchison.) Like the "odor of rotten straw," like that "of mice, deer and certain reptiles." As "the smell of leaves of rue when rubbed between the fingers." "Pungent, ammoniacal, offensive," and always strongest in damp weather and where ventilation is bad.

Two cases are recorded in which at the moment, apparently, of contagion with small pox, a peculiar smell was perceived. One of the patients noticed that the smell attended the outbreak of the eruption. Some medical men believe that in the initial stage the skin already emits a peculiar odor. However this may be, during the period of maturation, a peculiar greasy, disagreeable odor, quite *sui generis*, proceed from the body of the patient, and Watson avers that one blindfolded might thus name the disease. This distinctive emanation I often noticed when walking the wards of the Dublin Fever Hospital (1871-72;) and again during an epidemic of Variola on the Island of Guernsey, near the Coast of France, in 1875.

I propose to conclude this paper at another time.

SALICYLIC ACID, administered in eight-grain doses every hour until five or six doses are taken, and followed by a large dose of castor oil, is said to be an effective remedy for tape-worm.

"Coeliotomy," versus "Laparotomy," as a Surgical Term.

BY ROBERT P. HARRIS, A. M., M. D.,
Philadelphia.

When you perform an abdominal section, and report the case; under what scientific term do you describe the operation? You probably call it a "Laparotomy," because hundreds of operators are in the habit of using the same word, or its synonym, in a dozen countries and languages.

Where did this term originate? You say it has a Greek derivation (the language of Greece having been the tongue of the first anatomists) and comes from two words, *lapara*; and *tomae*, to cut. Now, what did the Greeks call the *lapara*? It was certainly never abdomen.

Did you ever look carefully into an ancient Greek anatomy to find out what the abdomen was really called in their language? The word *belly* appears ten times in the English version of the New Testament; did you ever note that the original Greek has the *koilia*, and never *lapara*, in these ten places?

Rufus, of Ephesus, a distinguished physician and writer, born A. D. 112, wrote a paper entitled "Names of the Parts of the Human Body," in which he has this significant sentence: "The *omphalos* (navel) is the hollow which occupies the middle of the *koilia*, where we cut the veins that nourish the foetus; the middle part of the hollow is the *akromphalon*" (top of the navel.)

"Lapara" is a very old Greek term, and was applied in the time of Hippocrates to the parts between the short ribs and the iliac bone (the flank,) and scores of old lexicographers have thus defined it. The operation for lumbar hernia, or

laporocele, was a true laparotomy; and so, also, is that of lumbar, or laparo-colotomy. The term *lapara* originally meant a hollow, and was for this reason applied by the early anatomists to *the hollow of the waist*. It was never used to designate a convexity.

The misapplication of the term "laparotomy" commenced in the year 1811 in the medical thesis of a Wittenburg student of the name of Fiedler, who wrote in Latin under the title "De Laporatomia." He had witnessed a true laparotomy performed, on October 17, 1810, upon a man of fifty, with a diseased colon, as he lay on his right side. Fiedler wrote again in 1817, and took it upon himself to coin such distortions as "laparo-gastrotomia," "laparo-raphia," and "laparo-hysterotomia"—his desire seeming to be to supplant the term "*gaster*," which really meant the belly, by the word "*lapara*," which a careful investigation would have taught him was not its Greek synonym. The mystery is how an error of this kind ever made the progress that it has in leading the medical world astray.

"*Koilia*" being the Greek word for abdomen, the natural synonym of gastronomy in its old meaning is "coeliotomy," pronounced soft (se-le-otomy.) This is not a new coinage except as to its terminal, for we have long had *coelio-paracentesis* for tapping the abdomen. The term coeliotomy has been adopted by Prof. Sanger, of Leipzig; by Dr. J. Greig Smith, in his *Abdominal Surgery*; by Profs. Keene and White, in their *Text-Book of Surgery*; and by a number of well-known medical writers. This adoption gives us the compound terms *coelio-hysterotomy* (Cæsarean section,) *coelio-hysterectomy* (exsection of uterus through the abdomen,) *puerperal coeli-hysterectomy* (Porro-Cæsarean operation,) *coeli-nephrectomy* (abdominal exsection of the kidney,) etc.

What characterizes the present position of our condemned term is its wonderful tenacity of hold in the nomenclature of gynecological writers who have admitted the error of its application in abdominal surgery. Two years ago I published a classical pamphlet on the subject and sent it to prominent writers in thirty different countries. I also sent a copy to every Fellow of one of our leading national medical societies just before it met in annual session in 1890, and their letters attested its effect upon their sense of reason. It convinced them that *lapara* was not the abdomen and that *koilia* was; but it did not break up the habit of use, as shown by the fact that four papers entitled "laparotomy" appeared in their *Transactions* for 1891, and the term was time and again made use of throughout the volume, but no one said "coeliotomy" as much as once. The old rut is so easy to run in, and the laparotomy wheel will get in. It took eighty years to propagate the error, and it will take time to correct it.

Materialistic View of Sexual Impotence.

A paper on this subject was read by Dr. Bransford Lewis, of St. Louis, before the recent meeting of the Mississippi Valley Medical Association, at Cincinnati. After calling attention to the lack of unanimity, definiteness or precision with which the pathology of sexual impotence was viewed by the profession in general, each physician treating such cases with his favorite aphrodisiac formula, with a vague idea that the generative powers needed stimulation into renewed activity, the author offered what he claimed as more rational views of the subject, based on the physiology and pathology of the parts affected.

Physiologists, he said, taught that erection, that prerequisite in the male organ for copulation, was established by an active increase in the amount of arterial blood flowing into the penis, together with a co-incident and abrupt decrease in the amount of venous blood flowing out of it; that the influences which stimulate to these processes come from the erigent nerves of the spinal genital center. Tracing these physiological sequences still further back, it was known that such erigent nervous influences originated in three different localities of the organism: (1) in the brain; (2) in the spinal chord; (3) at some part of the periphery. Illustrations of these parts of the body, as such erigent sources were seen in (1) the man who gets an erection from viewing an obscene picture (originating impression in the brain;) (2) the painter whose spine is injured by a fall, and who gets prolonged priapism therefrom; (3) the masturbator, who arouses erection by friction of the penis, scrotum, etc.

Therefore there were three sources of primary origin for erection; and conversely, if either of these was diseased, the organism was liable to lose it as an erigent center. And if the conducting mechanism became disordered, the same result was liable to ensue. Our aim, then, should be to study the conditions that produce disorder of these four parts of the economy.

Using the classification of cases of impotence which he thought most convenient—that is, Organic, Psychic, and Symptomatic—the author confined his discussion to the latter variety.

Noting, but not dwelling on, the various debilitating influences, such as diabetes, consumption, fatigue from either mental or physical over-work, sedative medicines, etc., as factors in the production of male impotence, Dr. Lewis wish-

ed to bring into especial prominence the relationship existing between impotence and such causes as masturbation, excessive sexual indulgence, chronic gonorrhœa and other directly genital affections.

Since the prostatic urethra was the sensitive area, the focal point, of nervous impressions on the genital system; the seat of the pleasurable sensations in intercourse; and the point to which, by virtue of its intimate nervous relationship with the various other parts of the genital apparatus, irritations from them were referred, it was the point which naturally bore the brunt of abuses or disorders of these parts. So that in cases of organic stricture, of prolonged or adherent prepuce, etc.; of sustained (especially ungratified) sexual excitement, of repeated masturbation, chronic urethritis, etc., it was natural to expect disease of the prostatic urethra as a result. And when it was known that disease of the prostatic urethra was, in turn, capable of so deranging the spinal genital center as to deprive it of its power of sending out the nervous influence previously mentioned as inciting erections; in other words, that disease of the prostatic area was capable of depriving a man of his virility, then the key to impotence from these disorders and habits was furnished, and paths for appropriate treatment were supplied.

The rational plan for therapeutic action, consequently, was based on, first, the removal of the habit or disease that was producing the disordered prostatic urethra; second, the remedying of the prostatic urethral inflammation, and in that way restoring the health and functioning capacity of the genital or erectile center in the spinal cord.

The mode of conducting this plan of treatment was detailed, resort being had to use of antero-posterior urethral irrigations of astringent (preferably zinc) solutions; of deep ure-

thral injections of silver nitrate solutions in progressively increasing strengths; the intermittent passage of increasing sizes of steel sounds; endoscopic treatment; the psychrophor, perineal douches, etc. In the author's opinion it was manifestly improper to give aphrodisiacs in such cases since they excited erethism by congesting the genital organs—an effect directly opposed to the one desired for an inflamed posterior urethra. The end aimed at was the restoring of the health of the affected parts, rather than goading them into unnatural activity with unnatural stimulants.

**Notes.—Refraction of the Eyes of Rural Americans compared with Foreigners and those of the City.
Significance of Perforation of the Cartilaginous Nasal Septum.**

BY DR. F. CORNWALL.


It fell to my lot recently to be employed to lecture to a convention of country school-teachers, on the subject of "Mechanical Defects of the Eyes and their Relation to School Children." In order to further instruct the teachers and the interests of science, I gratuitously examined the refraction of the eyes of an association of teachers of our common schools in the country. These teachers were nearly all American born, and of American parentage—were presumably of American origin. Out of twenty cases only two were myopic, the others being either hyperopic or having hyperopic astigmatism. Out of a similar number of Germans of the same age and occupation, I dare say over half would have had some degree of myopia. This sustains the claims of ophthalmologists who have observed and written much on this subject, that using the eyes much at a near point has a tendency to

create elongation of the antero-posterior diameter of the eyeball and consequently myopia. Rural Americans, however well they may have been generally informed had not had time at their disposal to overtax their eyes at a near point—few of them have been artisans and hence the difference in theirs and Germans eyes in respect to refraction. I believe it is a fact among people, notably savages, who use their eyes altogether for distance, myopia is seldom known to exist, and so it may be conceded that this defect is an element of civilization and comes from taxing the eyes at a near point.

* * * *

From quite an extended observation of nasal diseases I have come to some definite conclusions regarding the significance of ulceration and loss of the cartilage of the septum. I have a recollection of so great a number of these cases which have afterwards shown a tendency to ulceration of the soft palate and pharynx as to cause me to anticipate such an occurrence in any case wherein the septal trouble exists.

It is difficult for me to tell whether the constitutional cause or condition is inherited syphilis or what is called strumous, but so many have been actively benefited by iodide of potassium as to cause me to prescribe alteratives in which this salt is incorporated very often. I have at this time three cases illustrative of this—all with old perforated septa and recent ulcerated pharynges, and iodide of potassium acted charmingly in all; not only stopping the ulcerative process, but rapidly improving the health.

 Best opening in the State for a Doctor with a few hundred dollars. Enquire of California Drug Co., 1420 Folsom Street.

The Breath of Life.

BY DR. C. N. MILLER.

A person in good health tips the scales at the same notch day after day, and since he is daily partaking of food without increase of weight, there must be a daily destruction of the bodily tissues exactly equal to the amount of nutriment assimilated.

Probably the breaking down of the living body is as rapid as that which takes place after death. The air breathed furnishes the oxygen to support this steady combustion.

From his first breath, that awakens a cry of glad surprise at a new found life, to the breath that builds his dying groan, man continues the process of breathing at the average rate of seventeen times per minute.

Formerly, the lungs were considered as a furnace where a constant cremation was kept up; but the actual oxygenation is now believed to occur in the tissues throughout the entire body, the oxygen for this purpose being carried thither by the blood, and the products of the combustion being conveyed away by the same agency. The lungs are only organs so constructed as to permit the blood to be aerated, to exchange its burden of carbonic acid gas for fresh supplies of oxygen.

There is no more effectual way of subduing fire than by shutting off the air. The fires of life are no exception. Clothing so adjusted as to prevent the free supply of air to the lungs, acts as a damper, in a flue, "turned the wrong way." Imperfect tissue combustion, and a consequent smouldering of vital energy is a result. Whether or not the fire—dies—only depends upon the degree to which the damper is turned.

Exuberant vitality, health, beauty, power to work, and

courage to win, means a rapid destruction, and as rapid renewal, of the bodily tissues. This necessitates a free supply of air and an abundance of food.

Good breathing and good digestion are more closely allied than is suspected. The first is, in great degree, related to the second as cause to effect.

By a single means, nature often accomplishes manifold results. The sun's rays urge the mighty storm-cloud from the wide ocean, and they also lift the tiny violet from its bed of leaves,

The muscles of respiration not only regularly fill and empty the lungs of air, but, if properly used, they greatly aid in digestion as well. They do this by imparting a movement, at every breadth, to all the organs of the abdominal cavity; thus greatly assisting in the constant mixing of the food with the digestive fluids, and in its continued passage from one part of the digestive tract to another, which perfect digestion demands.

This is well expressed by Dr. Geo. H. Taylor as follows:

"The rhythmic motions of the respiration of animals are incomplete unless they extend *beyond* the organs adapted to the aeration of the blood, so as practically to include the mobile mass constituting the digestive apparatus and the pelvic contents, in the lifting, surging motion propagated from the chest. This mechanical impulse produces several indispensable effects, which involve the displacement of the fluids of the whole trunk, including the contents of the blood, lymphatic, lacteal, and other vessels, as well as the interstitial fluids depending on these; promotes absorption of digested matter; fructifies the muscular nutrition and power of all visceral organs; and, not the least, maintains against gravity and all other forces combined the natural mechanical and al-

so the physiological relations of the contents of the pelvis."—

When it is remembered that we breathe seventeen times every minute, and that that means, in round numbers, one thousand times in an hour, twenty four thousand times in a day, seven hundred and twenty thousand times in a month, and nine million times in a year! it may readily be seen, that vigor of digestion, activity of the liver, and freedom from the torpor of constipation may depend, in large measure, upon the right use of the muscles of respiration.

No other comment upon the custom of wearing corsets, or tight clothing, or garments suspended from bands about the waist is necessary.

In each inspiration, *the lower ribs should be lifted, laterally, upwards and away from the stomach.*

This method of breathing is an art, only to be acquired by repetition. It must be persisted in daily as often as thought of, until the medulla and spinal cord are thoroughly trained and correct breathing becomes no longer an effort of the will, but is done unconsciously.

The liver, the stomach, the duodenum, the spleen, the pancreas, and the solar-plexus are all stowed away under the lower ribs. That is the portion of the body where all vital force is generated; the portion where, at all times, absolute freedom of action is required, where constriction is always pernicious and often deadly.

No animal clad by nature is hampered by its clothing in the movement of a single muscle.

Man binds himself, arm and leg, thorax and abdomen, and then grows prematurely old, stiff in movement, and dies before living out half his days. Man is the only thinking animal. In his wisdom he courts ugliness, disease and death itself, by disdaining to partake abundantly of the bountifully supplied Breath of Life.

ORGANIC CHEMISTRY.

BY PROF. M. H. LOGAN, Ph. G., M. D., SAN FRANCISCO, CAL.,
Professor of Chemistry and Toxicology, in the California Medical College.

Lactonic Acid $C_6H_{10}O_6$ is from milk sugar and galactose by the action of $Br H_2O$ and Ag_2O . Glycuronic acid $C_6H_{10}O_7$ is not much known.

Saccharic Acid $C_6H_{10}O_8$ results from the oxidation of mannitol, cane sugar, glucose, etc., with HNO_3 . It forms delequescent gummy masses, readily soluble in alcohol.

Mucic Acid $C_6H_{10}O_8$ is isomeric with saccharic acid. It is obtained by the oxidation of dulcitol, milk sugar, melitose and nearly all varieties of gum. It is a white crystalline powder, soluble in hot H_2O , and has a number of etherial salts.

The oxide $C_6H_{12}O_6$ and its variations are treated of extensively under the head of carbohydrates.

Hexone Hydrate C_6H_8HO or $C_6H_{14}O_6$. (See tables 10 and 11.) This is the origin of that extensive group of compounds known as the

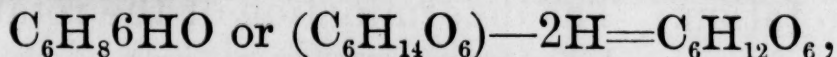
CARBOHYDRATES.

They are composed of six or twelve atoms of C, and H and O in the proper proportion to form H_2O .

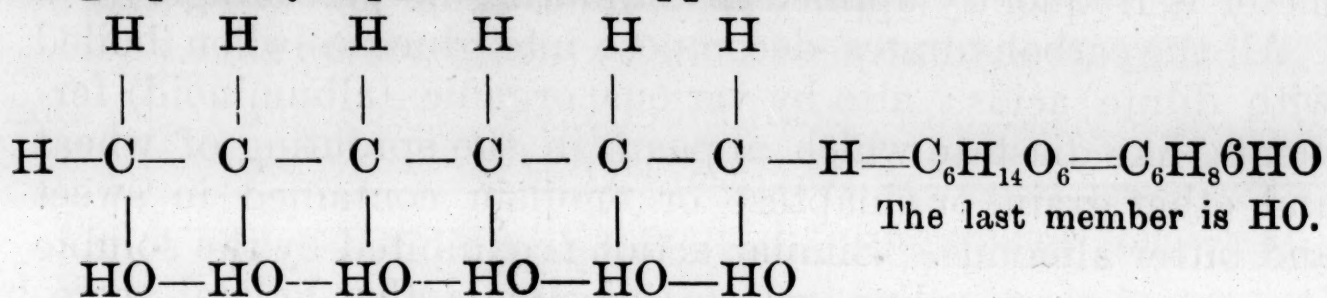
The carbohydrates are arranged in the following three groups :

GLUCOSES.	SACCHROSES.	AMYLOSES.
$C_6H_{12}O_6$	$C_{12}H_{22}O_{11}$	$C_6H_{10}O_5$
Dextrose (grape sugar)	Cane Sugar (sacchrose)	Starch.
Lævulose (fruit sugar)	Milk Sugar	Paramylum
Galactose	Myucose	Lichinine
Arabinose	Melitose	Inulin
Eucalyn	Melezitose	Glycogen
Sorbin	Trehalose	Lævulin
Inosite	Maltose	Dextrine
Scyllite		Cellulose
Dambose		Gunm

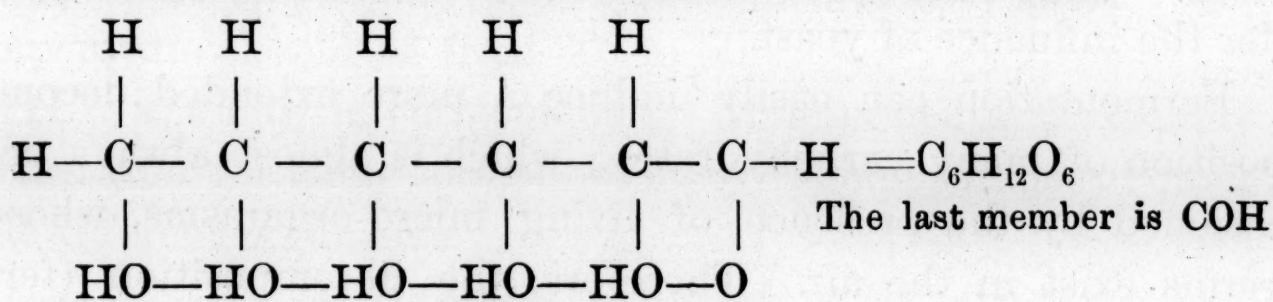
The first group is called **Glucoses**. They contain two H's less than hexone hydrate or mannitol, but nascent H converts them into mannitol. Being formed from mannitol by the abstraction of two H's, they may be viewed as the aldehyde of that alcohol.



Or graphically represented it appears thus :

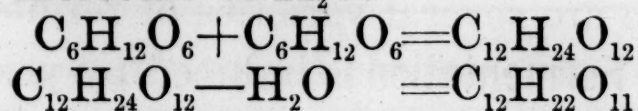


Now take two H's from the terminal C and we have

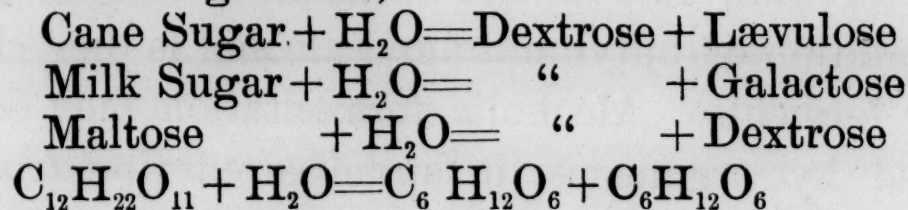


The glucoses are readily fermentable.

The second group is composed of the **Sacchroses**. They are the true sugars, and are the anhydrides of glucoses, formed by the union of two molecules of glucose and the elimination of one molecule of H_2O .



Conversely, by the absorption of one molecule of H_2O the sacchroses become glucoses,



This reaction represents the three above equations.

The third group, or **Amyloses**, may be viewed as the anhydrides of the glucoses. $\text{C}_6\text{H}_{12}\text{O}_6 - \text{H}_2\text{O} = \text{C}_6\text{H}_{10}\text{O}_5$.

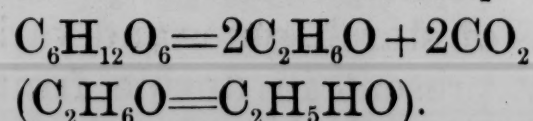
The carbohydrates constitute some of the most important constituents of plants. Some are also found in the animal organism. The cell membranes of all plants consist of cellulose holding deposits of starch, gums and various sugars. The glucoses are mainly present in unripe fruits. Almost all of the carbohydrate solutions deviate the plane of polarization to the right ; a few to the left.

Their specific rotatory power is chiefly governed by temperature and the concentration of their solutions. A phenomenon often shown by the latter, after some standing, is that of a new rotatory power (bi-rotation and semi-rotation.) Brief heating of their solutions will usually bring about a recurrence of constant rotation. The determination of the rotatory power of a solution of some definite sugar by means of the saccharimeter is frequently applied in estimating its percentage.

All the carbohydrates decompose into glucoses when boiled with dilute acids; also by various organic (albuminoid) ferments, like diastase which appears in the sprouting of wheat and other grain, or sinaptase or emulsin contained in sweet and bitter almonds. Similar action is exhibited by the soluble ferment of yeast, saliva, gastric juice and other animal secretions. Thus cane sugar passes into dextrose and maltose, under the influence of yeast.

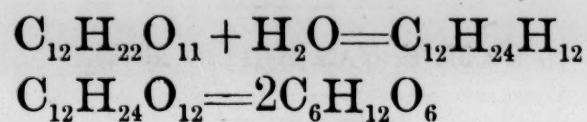
Fermentation can easily induce a more extended decomposition of many carbohydrates; which is almost always occasioned by the presence of living micro-organisms, whose germs exist in the air. Therefore, the decomposition (fermentation) must be considered the product of the life processes of these organisms, for preservation of which definite conditions are necessary, definite temperature and dilution of the solution, the presence of albuminoid bodies, mineral salts, air, etc. There are several varieties of fermentation.

I. **Alcoholic Fermentation** is induced by yeast, which is composed of microscopic cells 0.01 mm. long, called *sacchromyces cerevisiæ* and *vini*, also *mucor mucedo* and *schizomycetes*. The fermentation of butyl and amyl alcohol is due chiefly to these latter ferments. Alcoholic fermentation may occur unaccompanied by organisms, in unimpaired ripe fruits, etc. (grapes, cheese, etc.), provided the latter are exposed to an atmosphere of CO_2 . All of the alcoholic ferments multiply by budding. Oxygen is necessary at the beginning, but is not required afterwards. It proceeds most rapidly at 20° to 30° . Glucoses decompose into alcohol and CO_2 .



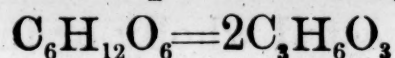
Glycerol, succinic acid and fusel oil are formed at the same

time. The sacchroses are first decomposed into glucoses by the ferment.



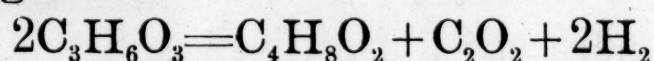
The first step is the absorbtion of water by cane sugar, after which it splits up into two molecules of glucose, after this the glucose splits up into alcohol and carbonic oxide.

II. Lactic Fermentation. In this fermentation the glucoses, milk sugar and gums, decompose directly into lactic acid.



The active agents are little wand-like organisms (bacteria), decaying albumenous matter, as old cheese, etc., is necessary for their development. The liquids are usually acid. The temperature should be from 30° to 50°.

III. The Butyric Fermentation. This fermentation usually occurs after the lactic fermentation, by the appearance of other and different organisms.



IV. The Mucus Fermentation is caused by chain-like cells, about 0.001 mm. in diameter. These convert glucose into

Echinacea in Uterine Catarrh.

I have lately been using Spe. Echinacea, in the treatment of catarrh of the mucous membrane of the uterus and cervix.

After having first mopped out the cavity with cotton, I roll a small pledget of cotton around an application, tie a thread around the cotton for its easy removed, saturate it with the echinacea, introduce well up if it be a case where the disease extends above the cervix, and leave it there, to be removed by the patient in eighteen to twenty four hours, unless they are taking daily treatments, in which case I let the cotton remain from one treatment to the next. I have treated but a limited number of cases, by this method, too few to prove the usefulness or uselessness of this remedy, though the cases in which I have tried it did remarkably well. I wish others will try this treatment and report. I think the remedy given internally with other uterine remedies will hasten the cure

Surgical Miscellany.

BY M. E. VAN METER, M. D.

Foreign bodies lodged in the œsophagus should be treated by propulsion, if the offending body be regular in contour and cannot be extracted, whether they be large or small. Especially should this plan be followed if the substance be such that it will be digested wholly or in part or materially softened by the digestive fluids.

On the contrary, œsophagotomy should be performed if the foreign body, from irregularity in form, from its size, or from any other cause it cannot be dislodged without great injury to the walls of the œsophagus; or if from the nature of the body it would likely produce serious symptoms if forced into the stomach.

Although the aseptic method has very materially reduced the dangers of exploratory laparotomy, its wanton and unnecessary practice must be deprecated on several grounds. *First* of all, no surgeon is absolutely secure in his practice against accidental and unexpected, often unexplained, wound infection. *Secondly*, the dangers of anæsthesia, and of conditions indirectly caused by it, as nephritis, pneumonia, thrombosis and embolism, are ever present, and usually surprise the surgeon when least expected.

Exploratory incision is only justified where, in the presence of a disorder threatening life, all known means of establishing a diagnosis have been exhausted without positive results, or where the extent and exact relations of a mechanical disturbance cannot be estimated without ocular inspection and digital examination.—*Gerster*.

According to our latest and best writers on the subject; however desirable thoroughness and deliberation may be in herniotomy, undue prolongation of anæsthesia, is dangerous in the extreme, and is especially so in cases of long-continued strangulation; as cardiac debility is very marked in such cases. When a patient's vitality has been greatly lowered—which is the rule when there has been constant vomiting, much pain and loss of sleep—even partial anæsthesia may bring on fatal collapse.

As a general rule, the Esmarch bandage should be used, when at all practicable, in all surgical operations. The operator will thus avoid the worry and hurry incident to a severe hemorrhage, as well as facilitating the proceeding by an unobstructive view of the parts. But more important than all else is, the saving to the patient the life principle—the blood, which is so important when there has been a previous loss of blood or when the operation is of such nature as to necessarily produce great shock.

Caries of the Ilium, is often mistaken for hip disease. The danger in these cases is not from dead bone, but from imprisoned pus, making tortuous sinuses in different directions, seeking a final escape, or remaining pent up: in either case ultimately producing death from exhaustion or pyæmic poisoning. In this class of cases it is only necessary to make a free incision and remove the necrosed tissue. When it is found from any cause, that all of the dead bone cannot be removed, it is necessary to establish free drainage. This will be the best and only proper thing to be done locally.

A principle well worth remembering by those who deal with traumatisms, is, that inflammation can be controlled, to a great extent, by pressure on the main arteries supplying the parts, thus starving the parts, as it were. This is both practicable and useful in wounds of the extremities; especially is this true after operations for deformities requiring the breaking up of adhesions or anchyloses.

A mistaken idea, with many practitioners and one that often does much harm, is, that they are inclined to use too much weight or force in making extension. In treating fractures the amount of extension requisite to hold the parts in normal position, *and no more*, should be used. For diseased joints, we should be governed, in making extension, by the relief it gives; as in this class of cases it is freedom from pain that we seek. When we apply greater force than is absolutely required, we put the ligaments of the joint affected and also those of the joint or joints between the one diseased and the part where the extending force is applied, to an unnecessary tension, that will result in undue and harmful relaxation, if the extension is long kept up. A very important point in this connection, to be borne in mind, is that the longer extension is kept up, the less force is required and while an eight or ten pound weight might be right and proper in the beginning of a case, it would be all wrong in the same case a week later. It is here that the mistake is usually made and that harm is likely to be done.

Calendula.

BY H. MICHENER, M. D., Halsey, Oregon.

Calendula (Garden Marigold) is a plant worthy of better recognition than it now receives, and it is for this reason, I write this article.

It is a common garden plant, the rich, golden-yellow flowers being familiar to all, with a feeble aromatic smell, its leaves when chewed having a somewhat disagreeable taste. Its medical properties are extracted by alcohol or by water. King says (Am Disp.) "It is slightly stimulant and diaphoretic. Used for similar purposes with saffron." "Probably overestimated." Dr. Wm. J. Clay, Monroeville, O., writes, "As a local remedy, after surgical operations it has no equal." It is of its local use I wish to call attention.

In cuts, bruises, lacerated wounds, if kept continually wet with calendula, you need not fear suppuration.

I have used it in gangrenous ulcers with happy results. In old, indolent ulcers with enfeebled conditions of the capillaries there is nothing better. Keep them wetted with a dilution of calendula, s. m. one pint, water, three parts, and give internally, calendula, s. m. $\frac{3}{4}$ 1, water, $\frac{3}{4}$ 4. Teaspoonful every four hours, and you will be surprised at the rapidity with which the ulcer will heal.

I sometimes use 4. calendula, s. m. $\frac{3}{4}$ 1, sugar of milk $\frac{3}{4}$ 1, mix, dry over water bath, rub finely, and use as a dry dressing for sores. Used with an insufflator in suppurative otitis after cleansing ear with warm water, there is nothing.

After surgical operations, used as a wash, union occurs by first intention.

After opening abscesses, thoroughly wash out with a solution of calendula, and you will have no further trouble. It

prevents cicatrization, hence is useful after burns and scalds.

I recently treated a child which had a frightful scald on side of face and neck. I told the parents that there would probably be considerable deformity. We kept it wet with calendula solution, increasing the strength as the child could bear it, and recovery was attained without deformity and without scar-tissue.

In ulcerative skin diseases, eczema, etc., it is most excellent either in solution or in powder. In vaginitis, endocervicitis used as a vaginal wash, or applied on cotton tampons, it will give great satisfaction. I have obtained excellent results from it in gonorrhœa and non-specific urethritis.

In fact its topical use is unlimited.

I am now treating a case of mercurial stomatitis which "has been the rounds" for four years. I use calendula internally and as a mouth wash, with favorable progress. The patient says the first week of treatment gave her more relief than she had experienced for years.

I trust that our physicians will make greater use of this remedy, and report thereon. If they will use it they will soon find no use for the poisonous antiseptics and stinking powders which are now used.

I have not mentioned near all its uses but when one has commenced using it he will find its use unlimited.

PILOCARPINE FOR DRYNESS OF THE TONGUE.

Gelatine capsules containing from .003 to .006 grm. of pilocarpine are recommended to relieve dryness of the tongue. One of them is permitted to dissolve on the tongue previously wetted with water. This causes a free flow of saliva for twenty-four hours, while it never produces any aphoresis.—*Med. and Surgical Reporter*.

Asepsin.

BY JOHN FEARN, M. D., OAKLAND, CAL.

Editors of the California Medical Journal:

You recently copied from the *Chicago Medical Times* an article of mine on Asepsin. In that article I fell into an error which I will thank you to allow me to correct, as it is giving rise to inquiry.

I described the finished Borated Solution of Asepsin as being of a beautiful sherry color, and now doctors want to know why they cannot make this solution sherry colored. All who have tested it seem delighted with it. But they want to know if they follow my instruction why with them the solution should be the color of water instead of the color of sherry. I at once began to investigate. I used to filter the solution through ordinary filtering paper. The next time I run it through pure absorbent cotton. The result being a beautiful clear solution water white.

I at once wrote to Prof. Lloyd and he informs me that Asepsin is a very delicate re-agent; and that this sherry wine color came from traces of iron in something that had been used, incidentally stating that in ordinary Swedish filtering paper, there is sufficient iron to change the color to that of a cherry red. Here then is the explanation of the difficulty.

I have been pleased to have my very high estimate of this drug, confirmed by observant physicians. I have received from Lloyd Bros., a cake of Asepsin soap. Asepsin and Borax is combined with pure fats, and for the uses of the physician, surgeon and dentist, it is a beautiful and most useful article.

After testing it I predict for it a very gracious reception at the hands of Gynæcologists, Dermatologists, Surgeons and Dentists, and in the home for all purposes for which a pure soap is needed. As a tooth soap and for a refreshing shampoo etc., etc., it will in my opinion be taken before the more costly foreign articles.

Class Notes.

By a Member of the Senior Class.

—Dr. J. A. Bainbridge of Stockton, visited the College this week.

—E. L. Webb '92 has been called to Chicago on account of the serious illness of his aunt. He was accompanied by his cousin Norman Mac Rae.

—We understand that the Rhus Tox plant is to be found at Golden Gate Park. For further information apply to W. C. Field, '93.

—Reports from the last graduates continue to be of the best. Dr. Mathe' in Forrestville has obtained the cream of practice in his community; is advancing the interests of Eclecticism and making money—two desirable results.

—Dr. Sam. Hall in Volcano is well satisfied with his location as he has a good practice, and is making money.

—Dr. Bond '93 has been obliged to leave college for the remainder of the term, also Wheeler '93 and Perkins '92.

—Ward '94 has been absent from lectures on account of illness.

—Two of the looked for Microscopes have arrived and the class received their first instructions in the proper handling of the instruments. The microscopes are of the very best make and with the two more promised for next year the college will be well equipped for the study of Microscopy.

—The regular term closes November 12th, and the examinations for the Senior class commence the following Monday and continue during the week.

—Active preparations are being made for the graduating exercises which will be held in Metropolitan Temple, Nov. 23. Good talent has been secured and a very interesting programme is promised.

A cordial invitation is extended to all the friends of the college.

EDITORIAL.

Why don't you do it Yourself.

Under this caption Prof. Scudder says, editorially, in the October E. M. J. "Recently a complaint has been made that I don't edit the department of 'Specific Medication,' and on the other hand, Prof. Watkins has been complimented on his good work. I wonder if some readers recognize that my capacity for work is limited, and that if I were willing, I could not do it all? And I wonder further, if they recognize the fact that in *many* workers there is greater chance for progress?"

Prof. Scudder has well expressed our feelings in this matter. We have thought many times that those who are so slow to lend a helping hand to make the California Medical Journal what it *ought* to be, and what it *could* be, might much better employ their time in contributing to its papers than in finding fault with what they contain from the pens of others, or making complaints at the dearth of interesting matter therein. 'In union there is strength' and in a multiplicity of brains there is likely to be found wisdom.

Could an editor of a medical journal be supplied by his subscribers, with plenty of material of an interesting and instructive nature, to fill the pages of his journal, his work would be a pleasure indeed. He would then be filling his proper sphere, that of acting as a medium of gathering in and disseminating medical news.

Because a man edits a medical journal, he is not supposed to, nor is it necessary that he should have a store-house of knowledge of his own, that is inexhaustible, but rather, he should represent a commission merchant or the keeper of a produce exchange, receiving his consignments of every possi-

ble variety from every possible source, and again distributing them to every part of the country.

Likewise should the editor be the medium through whom the busy workers throughout the length and breadth of the land, can exchange ideas and experiences. Each reader has his individual wants and looks to his favorite journal for his supplies; and at the same time he may be the possessor of some knowledge or experience that would just fill the wants of some brother practitioner. Has anyone a right to expect to always receive and never give? Surely a fair exchange is no robbery.

The doctor who always reads but never writes, is, as far as medical literature is concerned, like the *drone* in a hive of busy bees, he is willing to eat the honey made by others, but not willing himself to even help make the comb in which the honey is stored. He is either too dogged lazy to write what he knows for the benefit of others, or else he is so cussed selfish that he wants all he can get from others and give nothing in return.

v.

Our Graduates.

From every quarter, where a graduate of the California Medical College is located, comes the cheering news of increasing business and good success. This is especially pleasing to the teachers in our college, both because they feel a kind interest in the personal welfare and success of those with whom their long association as teacher and student has begotten a lasting friendship; and because each one who succeeds is but another living proof of the correctness of the principles they have been taught; and also of the thoroughness of the training which they have received at the California Medical College

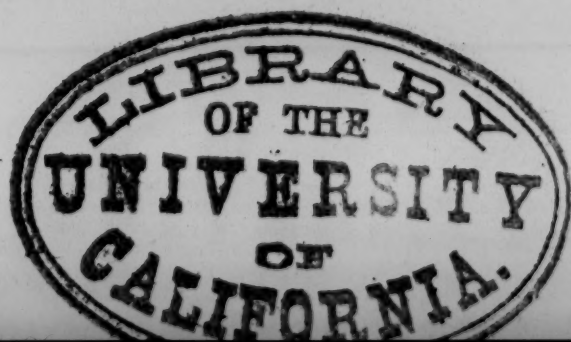
v.

Medical Ethics.

We wish to call the especial attention of our readers to the article on "Medical Ethics" by the Hon. C. H. Reeve. He being a "Lay-man" makes the article of particular interest since it shows how the *intelligent* out of the profession look upon this question. No more truth could have been told in the same space, except he would have said: "The man who is in this time of enlightenment and liberty, in this free America, a *stickler* for the *Code* of MEDICAL ETHICS as laid down by the American (un-American) Medical Association; is a *jealous, selfish, egotistic* BIGOT. He is devoid of the principles of gentility, liberality, christianity and humanity. He is a hypocrite, a jack-ass and a damn fool."

What does the man, who is at death's door from a severe illness or suffering the torments of the damned care for *Medical Ethics*? And what would a doctor who had the least regard for suffering humanity, care for Medical Ethics; if by lending a helping hand to a physician of another school he could help relieve the agony of a fellow-being?

We well remember, once being at a fire that had been caused by the explosion of a can of gasoline. A little boy in whose hands the can exploded, was covered with the burning fluid. He was so badly burned that the skin on his face, neck and arms was hanging in shreds. Having previously treated some of the family, we were called to attend the boy, but had nothing whatever, with us to allay his suffering. In a few minutes after our arrival a ——— what shall we call him? surely not a man with a heart, nor a physician who is supposed to be ever ready to aid the suffering ——— came to the door with his medicine-case in his hand, but upon seeing who was in attendance, he coolly walked away though entreated by relatives and friends not to go, and notwithstanding the



boy was screaming and writhing in agony and could get no relief till we sent to our office for medicine.

Why was this inhuman being, whom it is blasphemy to call a MAN, and a disgrace to the profession to call a doctor, willing that the boy who was both ignorant and innocent of the damnable "code of ethics" should suffer, beyond the power of tongue to tell or pen to describe, rather than assist us in the case?

Was it because we were not as good morally, mentally, socially and PROFESSIONALLY as he? NO! Nor was it because we belonged to a different school; for we did then and do to-day hold our license from the same 'Board' that he does. Then what was the matter? Simply this; we had said that we *had* and *would* council with Eclectics and with Homœopaths, if they were *gentlemen* and *in good standing* in their own schools.

This same heartless wretch, this human monster treated a man, sick with pneumonia, till he was at death's door; the friends were told there was no hope and the case given up. An old doctor—who stands on the "illegal" list was called in and treated the case to a successful issue; when, to the surprise of every one, this old, *vindictive* tyrant, who believes in "Medical Ethics," had the old doctor arrested for practicing without a license. TO HELL with such "Ethics" and to some island, full of CANNIBALS with those who teach or practice such an outrage on suffering humanity, in a free country. If a man is a *gentleman*, he will need no "Code of Ethics" to govern his actions. If he is *not* a gentleman no "Code" will make him so. He will—like a mule—be nice to your face but kick your hat off as soon as your back is turned. As well would you try to formulate a *Code* to make a JACK-ASS act like a THOROUGH-BRED.

We also wish to call the attention of every liberal-minded

physician, regardless of the school to which he may belong, to the methods adapted at the Toland Medical College, (The Medical Department of our State University) to force upon its graduates, the Hippocratic oath.

When they send their Announcements broad-cast, to bring in new recruits, they, with other things, contain the "requirements for graduation." And in this *requirement*, it is not so much as hinted that it will be necessary to take the Hippocratic oath. Now we claim that if this medical department is a protege of the State, neither the *faculty* nor *trustees* can legally, make such rules, nor force their fulfillment upon the graduates. If it is a private institution, it has a right legally, to adopt such rules and regulations as they may deem proper. But in order to enforce them upon one who has complied with all the other "requirements," it must be stated in their Announcements, that this oath is a part of the requirements for graduation. v.

Medical Journals.

We know of nothing pertaining to medical literature, more interesting than the reading and comparison of Medical Journals. Some are devoted to surgery, some to medicine, some to hygiene, some to gynecology and some to all these various branches. In some we can see the careful diagnosis, the guarded prognosis and judicious treatment, begotten by years of painstaking conscientious work. Others are filled with the writings of enthusiastic theorists. In others we see the careful, conservative work of the experienced surgeon, and in others the work of the careless operators who are ever ready to operate, regardless of present conditions or future consequences. Any one who will read a half dozen different Journals, and give their contents some thought may gain a valuable lesson not alone from the intrinsic value of each, but more especially from the comparison or contrasting of thought. v.

SELECTIONS

DYSPEPTIC DIARRHŒA OF INFANTS.

For the sake of treatment we may speak of two forms:

1. Where milk is speedily ejected and the passages are sour, green, and contain curdled milk.

2. Where there is less vomiting and the evacuation is putrid. For the first class the following is very useful.

R Syr. rhei aromatic
Liquor calcis aa. $\frac{3}{4}$ ii.
Spt. ammon. aromatic $\frac{3}{4}$ ii.

M. Sig.: One teaspoonful after each movement of bowels.

Eliminate all carbo-hydrates from the food, and let albumen be given, but very sparingly, for twenty-fours. The white of eggs, beef juice, or Bovinine answer well.

For the second class we may use:

R Zinc. sulpho-carbolat gr. v.
Bismuthi subnitrat gr. xxxvi.
Lactopeptine gr. xxiv.

M. ft. chart No. xxiv. Sig.: One every two hours.

Here the food should consist of carbo-hydrates: barley water or starch water well cooked to convert the starch into dextrine. After the acute stage and in chronic cases, well diluted cream is very successful. Meat broths are useful in both classes.

These hints as to diet are only intended for the acute stage.

Properly diluted cow's milk or one of the many prepared foods will usually be suitable in two or three days.—*Epileptome of Med.*

PRURITUS VULVÆ.

According to an exchange Dr. Kholmogroff cured a case of severe pruritus vulvæ by six applications of galvanism of ten to fifteen minutes' duration, and ten to fifteen milliamperes strength of current. The positive electrode, insulated within the vagina, while the cathode, covered with chamois and moistened with a salt solution, is applied over the affected area.—*Weekly Medical Review.*

MEDICAL ETHICS.

The *Medical Free Press* has a communication from "A Layman," the Hon. C. H. Reeve, on "Medical Ethics." "Fifty-two years ago, when I was a youth," says the venerable jurist, "I began to study law. Among the text-books, when I came to the study of medical jurisprudence, it opened a new world to me, and I became greatly interested. I began to read medicine, listen to lectures some, and attend a clinique occasionally, with a view of becoming a doctor sometime rather than a lawyer. In the course of time I ran against something called 'Medical Ethics,' which I found to be a strange compound of cant, hypocrisy, ignorance, and intolerance jumbled together and miscalled ETHICS—a most admirable thing in its right place, which would be in a secret association for purely selfish ends. I found that if I qualified myself in what was called the 'regular' Allopathic school and entered on the practice as a doctor, I must subscribe to and be bound by a code made up of 'Medical Ethics.' I must keep strictly within the rules of that code, or I would be incontinently kicked out of the profession; be ostracized by my brethren; be branded by them as a quack and empiric, and have 'to go in a gang by myself.' None of them would consult with me or help me in any emergency, or in any way have anything to do with me. No matter how wise or skillful I might be, no matter how moral and upright in every relation, no matter how worthy of trust and confidence in my profession or relations as a citizen, I would be tabooed and have nothing left to me but the fate of Uncle Ned—to go out in de fiel' an' die all alone', I saw some men whom I respected as men and physicians suffering this dreadful penalty, and I could not understand it; and on looking into the code, instead of finding that they were immoral men, unfit to be trusted, I found that they had not violated any ethical law, but only the code of 'Medical Ethics.'

"I found that as a physician I must not advertise myself

or my business—I must not associate or be friendly with a physician of any other school. I must never consult with one or aid him in any operation in any way. I must not accept any ideas or remedies from him, no matter how beneficial they might be or my better judgement approve them. I must not use any medicines not found in the prescription of the Allopathic school, and other like things. I must be as if I had put on a sheet-iron shirt and stood waiting for business, saying to everybody: “Don’t touch me; I belong to the “regular” school and recognize the code of ‘Medical Ethics.’

“I returned to my law-books with a hearty curse on “Medical Ethics,’ and have had a hearty contempt for it ever since. As a lawyer, in matters affecting only dollars and cents and inanimate things, I could go into any court having jurisdiction. I could go to any fountain of knowledge for principles of law, equity, and justice. I could use any qualified person for juror or witness or official. I could associate myself with whomever I thought could be of service to me, my client or his case. I could be a free representative and disciple in the Temple of Justice, bound by a real moral code only—that which required honesty in the practice of my profession. But when I wanted to be a doctor I could not have liberty. Where human life and health, and mental and moral force, and pain and anguish, birth and death, and all the bodily interests that attend on human physical existence and well-being were involved, I could have no free agency. Medical Ethics,’ like a frightened ogre, stood over me to brain me the moment I consented to recognize the fact that possibly, some other theory might have some good things in

“Had I been born half a century later, I could have gratified my natural impulses and been a doctor; for the civilization of the day is breaking down intolerance, and the future Code of Medical Ethics will recognize Eclecticism as the legitimate right of every son of Galen.

And why not? What is the modern system of Allopathic practice—now almost the reverse of the system when I was reading—but the evolution caused by the Eclectics? The Thomsonians, the Hydropaths, the Uroscopists, the Homœopaths, the Electricians, the Eclectics, have forced conditions—whether originating in quackery, crankism, or philosophical reasoning—that have evolved new facts and revolutionized the Old School. Phlebotomy, ptyaliation, drastic purgatives, emetics, and forty-grain doses of calomel and sulphate of quinia, etc., have gone by the board. * * Heroic treatment is rare, and only resorted to in extreme cases. And *all this has come of Eclecticism!* Unconsciously, way has been made for it. A good nurse is half the battle, and one can be found in the hospitals of all schools, trained in each school. The Homœopath uses Allopathic preparations, and the Allopath recognizes the excellence of Homœopathic tinctures and concentrations- * *

“ ‘Medical Ethics’ still obtains, but it is mostly a form without substance, ‘more honored in the breach than in the observance.’ Conscientious healers are disposed to recognize merit and value in preparations, and Professors, without regard to the special school in which they may be found; and, like the ancient philosophers, the best of them are Eclectics in practice if not in profession. In time all will be Eclectics.”

WHAT THEY ACKNOWLEDGE.

While the Old School of medical practitioners is on the lookout for mineral and metallic agents, and making use of the last remedy advertised, it is the province of the New School to explore the causes of evil and the true method of cure. It seems as though the former class, if deprived of the morphine and quinine compounds, the coal-oil products and their accompaniments, would be utterly swamped, and without available resource. Let us avoid the rocks on which they wreck themselves. Some of the more honest and intel-

ligent among them sometimes openly acknowledge the faultiness and insufficiency of their methods. Indeed the utter disbelief of doctors of the Old School in the means which they employ is patent to the world. If the prayer of faith will save the sick, certainly the vivid disbelief of the physician must be certain to destroy him.


"The older physicians grow," says Professor Alexander H. Stevens, "the more skeptical they become of the virtue of medicine, and the more they are disposed to trust to the powers of nature."

"All of our curative agents are poisonous," said Professor Alonzo Clark to his class; "and, as a consequence, every dose diminishes the vitality of the patient."

Prof. E. R. Peaslee adds his testimony: "The administration of powerful medicines is the fruitful cause of derangements of digestion."

These confessions embrace the chief articles of the medical faith of leading practitioners in the Old School. Meanwhile many of their patients are walking drug-shops, creatures whom medical experimentation has destroyed, their vitality exhausted by drugs. They often contract the morphine habit from the prescriptions of their physicians, and so live on miserably, the wrecks and effigies of human beings.

The late Dr. Willard Parker seldom would swallow anything more potent than simple herb tea, or something as modest and unpretentious. One day when engaged at a clinic he declared: "I wish that the whole *Materia Medica* was in Guinea, and you would study *Materia alimentaria*. You are taught learnedly about *Materia Medica*, and but little about diet. We will have less of doctors when people eat to live."

 Best opening in the State for a Doctor with a few hundred dollars. Enquire of California Drug Co., 1420 Folsom Street.

A NEW PUNISHMENT FOR MURDER.

Dr. W. A. Hammond does not approve of the death penalty, but recommends as a substitute *castration*. He thinks nearly every man would rather die than submit to the operation, and that castration would be infinitely more effective in preventing crime than the death penalty, either by hanging or electrocution. Dr. Hammond quotes a French writer with evident approval, that the dignity of a man lies in his testicles.

"Juries would be less squeamish about discerning guilt in cases of doubtful testimony, if life-taking were not one of the consequences of finding a man guilty. The punishment would be continuous, and not momentary and intense, and in the continuance of a punitive award will be found its greatest effect. Castration changes the whole relations of the man; and, while the brand upon him would be as bad as, or worse than, the mark upon Cain, he would be removed from many criminal tendencies. He cannot open his mouth without exposing what has happened to him; his facial expression becomes altered; he becomes effeminate and cowardly. He loses his appetite for alcoholic drink. In the case of a man who mutilated himself while delirious from alcohol, this act was the means of his reformation.

"Criminals thus changed might, in many instances, be made useful to society—much more so than dead men, even if it be the law that slays them. They could be made members of church choirs—the vocal qualifications of eunuchs are well known—safe typewriters, dry-nurses, laundry-men, policemen, sailors, soldiers, legislators, reporters, for mild society newspapers, and other places where originality and "dash" are not requisite.

"The brutality of animal nature is reduced by emasculation, "Dr. Hammond continues to argue. "The fierce ram becomes mild and the night-roving tom-cat ceases his pugnacious raids. The eunuchs of the Orient are described by ravelers as a mild and obedient type of persons, generally


trustworthy and fond of the care of young children.

"As a means of stopping the propagation of criminals, this form of punishment would be no less effective than hanging. If it had been employed for the last few hundred years the number of criminal acts would have been many thousands less by this time,⁵ and the administration of justice would now have become much simpler and less expensive.

"This punishment, of course, cannot apply to women. They have become so accustomed to the removal of ovaries and these organs are so much less essential to womanhood than the testicles are to manhood, that it might be necessary to substitute imprisonment for life."

In Delaware it is found that a certain crime is best treated by the whip, which is a degradation which to even the most depraved is a terror, exceeding by far that of imprisonment at hard labor. We suggest that before taking so grave a step as to make for men castration a substitute for the death penalty, that it be tried upon the wife-beater and that class of depraved so low in the scale of humanity that law and decency are not sufficient to protect society from their lust. Occasionally a man is sent to prison for rape, and in one or two States for wife-beating. If the testicles of these men were taken out, the animal might be so far subdued that they might become harmless and useful in the ranks of labor. The penalties for crime are constantly being changed as in the progress of civilization the individual and the character of the various forms of crime are more thoroughly understood. We respectfully suggest to the philanthropist and the legislator a careful study of the whole question.—*New York Medical Times.*

Oh, beautiful idea! We might possibly have a Castrator-General (retired) in the near future!—*The Southern Clinic.*

 Send in your subscriptions for the JOURNAL. It is the best medical journal on this coast.

A COLD.

By J. J. Waller, M. D., Oliver Springs, Tenn.

In dealing with the above subject we, of course, are aware of the fact that it has never as yet been clearly defined. Most or very nearly all text books consider it merely as a cause of a number of different pathological conditions, or sometimes the *morbus* at hand is considered a phase or manifestation of what is so familiar among us—"taking cold".

Dismissing further speculation along the line as not germane to the object now in view, I wish to call especial attention to the mechanism by which the effects of taking cold are brought about; and as theories and facts make up the bulk of our medical information, probably to theorize on this subject and draw a corollary of facts from the result, would be the proper manner of procedure.

Any portion or the whole of the body exposed to a cold draught for a varied length of time of course suffers from irritation, and immediately wires the ganglion or centre most intimately connected with that region, through the afferrent nerves, and makes known the disturbance there. If the irritation is great (which will assume to be a fact now) and the whole nervous system has to take cognizance of it, the disturbance is appreciated as an insult, and revenge is at once sought by sending out orders to have the secretions and excretions of the skin locked until peace is made. When the glands of the skin surrender their function, the ramparts of the citadel are taken, the skin becomes in a measure dry and chaffy and loses its usual pliancy which is so essential to health. With the periphery thus in a state of blockade, it is not known by the economy at what time some of the more vital internal organs will suffer; so the nervous system trembles with fear, and we have a form of nervousness as a concomitant symptom of cold. The nervous system still trembling with fear and maddened by the insult of irritation, resolves to carry on the secretions and excretions by precipitating a double duty on the internal mucous membranes or

serous membranes as the case may be. So when the nervous system orders a mucous or serous membrane on double duty it revolts at the idea of having a vicarious function to perform, and even refuses to carry on its normal function. It is now that we have the dry stage of cold. When the nervous system locked the secretions and excretions it seemed to not realize the fact that it was at the same time locking in some of the venomous products of destructive metamorphosis which, so to speak, in a state of stagnation, undergo a sort of change and become irritating to the brain and nervous system, thus causing the dull lethargic feeling and indifference to mental and physical exertion, and the aching pains in the limbs.

After a while the mad internal membrane yields to its higher authority, the nervous system, and being overburdened by hyper-secretion and hyper-excretion soon ceases to do its work physiologically and passes into a pathological state, and a catarrh is the result. Thus we may have coryza, pharyngitis, laryngitis, bronchitis, enteritis, etc., if a mucous membrane be involved; pleurisy, pericarditis, etc., if it falls on a serous membrane. Other troubles besides diseases of mucous and serous membranes are brought about by cold, but it is not our purpose to go minutely into them now.

In treating a cold, just bear in mind the mechanism by which it was brought about. The nervous system is willing to compromise on most any plan which includes removal of the offending locked-up excretions. Diaphoretics propose to do that, and on their administration and promise the nervous system unlocks the pores of the skin, and equilibrium is restored.

The 37th Semi-Annual Meeting of the Connecticut Eclectic Medical Association, will be held at the residence of Dr. J. D. S. Smith, 349 Broad Street, Bridgeport, Conn., on Tuesday, October 11th, 1892, commencing at 11 A. M.

OVER-PRESSURE IN CHILDREN CAUSING BRAIN MISCHIEF.

By J. A. Diggle, L. S. A., London.

The following cases show the inadvisability of attempting to force children forward in schools without sufficiently considering their different individual capacity for learning.

It is, I am afraid, much too common a cause of children's ailments nowadays, and has not been quite enough considered, I think, by parents and teachers. In the ordinary Board School, as at present constituted, every child in each standard must be pushed on, *pari passu*, with all the others, so as to get all, if possible, passed at the examination next ensuing, into the standard above. In the first case here noted, the fault, *fons et origo mali*, was with the parents in sending such a young child to school at all, but as both parents were factory workers, and there was only a slightly older boy besides, the child went to school with him.

Both cases were very similar in the outset, but the first was the most severe, and in both I thought at first the illness was enteric fever, the more so as being next door neighbors and residing on the banks of the river, which is very foul and much polluted, and on Sundays, when the water is low great banks of festering abominations are exposed.

Case 1. Alf. C., a sharp and more than usually intelligent little boy, of only four years and eight months, was seized on April 3d, at breakfast time, with sickness and pain in the head. He had been attending school for six months, and being naturally quick, as I have said, he had been encouraged to learn, and had already reached the final class in the Infant Department, and would have been put into the general school but for his age, which forbade it.

When I saw him at 11 A. M., he was in bed, slightly flushed, head very hot, and temperature 99.2°. Tongue rather foul. Complains of pain in the head, and avoids light. No further vomiting since breakfast. Gave him a mixture of potass. citrat. and tinct. aconiti and calomel, gr. j., with sugar.

April 4th. Passed a bad night. rambling and talking about school. Tongue rather cleaner. Temperature 99.4°. Milk diet. To continue mixture. Night temperature same as morning. Added k. br. gr. ij. each dose, to medicine.

5th. Night passed much the same as last. Lies very quiet and still, but easily roused, and then quite conscious. Temperature 100.2°. Thirsty. Tongue furred, but moist. No pain in abdomen. Stool natural. Ordered antipyrin, grs. v., every three hours. Temperature at night, 100°. Been delirious all afternoon. Ordered ice-bladder to head.

6th. Rather better this morning. No diarrhea. No spots on abdomen. Head, however, very hot, mother having taken off ice-bag at 4 A. M., as child slept. To be replaced. To have 5 mins. bromidia (Battle) every two hours. Temperature, 100.2°; night temperature same.

7th. Much better. Fairly good night. Slept four hours; twelve midnight to four A. M. Playing with toys on bed when I saw him. Temperature, 99.2°. Tongue cleaner. To continue bromidia mixture.

8th. Not quite so well. Ice-bag again neglected, to my vexation. To be continued, as also mixture.

9th. Much better. Sitting up playing. Temperature 99°. Ice-bag discontinued. Same mixture.

10th. Improving fast. Not much appetite. Quin., gr. $\frac{1}{2}$ t. d. s.

11th. Up and dressed. Still improving. No headache or pain. Temperature normal. With the exception of a slight cough all went on well until the 14th, when I discontinued visiting.

The good effect of the ice and bromidia was very quickly apparent in this case, as also in the next.

COFFEE AND CHOLERA.

Coffee is again recommended as an effective germicide—as sure killer of the cholera bacillus in a few hours. Astonishing success is reported from North Bhangulphur, in Ben-gal, where the coffee remedy for cholera is being put to a test.

THE DISADVANTAGES OF HOT-WATER BOTTLES.

The custom which so largely prevails mainly among ladies of using hot-water bottles in bed for the purpose of warming their feet, time-honored as it is, cannot after all, be said to have had much to commend it. Indeed, there is a good deal more which can be urged against it than can be said in its favor. Ladies who resort to the habit, for habit it soon becomes in the majority of instances, suffer from cold feet, a condition which it is needless to say does not particularly conduce to the wooing of sleep. But cold feet is a symptom which should not be left to be dealt with at the end of the day; on the contrary, those in whom it occurs should bear in mind that in ordinary health the proper remedy for this condition is exercise. Nothing tends more to cause "cold feet" than sitting about the house all day, or reducing the daily exercise to a minimum amount, either on account of laziness or feebleness of will-power for exertion. Some persons console themselves with the reflection that they were born with cold feet, and on these grounds hold that it was always intended that they should warm them by artificial means, thus ignoring the necessity which exists for exercise. Hot bottles, too, used in this way become a fertile source of chilblains, and moreover, are not devoid of danger. We heard the other day of two cases in which the ladies using them were seriously scalded by the cork of the earthenware bottle containing the boiling water suddenly popping out. This brings us to the consideration of whether hot bottles should be used at all, and we think the answer should be in the negative. The best way of warming cold feet at night is to clothe them with warm woolen socks or stockings which may be slept in. By this means the temperature is gradually raised, and is equally maintained throughout the night without trouble or risk. Another useful plan is to raise the feet on a pillow about two inches above the knee so as facilitate the return of the blood through the veins of the limbs.—*Med. and Surg. Reporter.*

CARBOLIC ACID GANGRENE.

The profession has recently been warned more than once through the unfortunate experience of surgeons that the use of carbolic acid solutions as a surgical dressing is frequently followed by grave complications, amounting in some cases to a condition of dry gangrene of the parts that have come in contact with the acid. This complication may result when the original injury is only trivial. The first symptom the patient will complain of is numbness of the parts, or a pricking sensation, this is frequently followed by severe pain, and upon removal of the dressing the parts below it will be found to have assumed a dark blue or black color; to be without feeling, and in other words, to present the typical picture of dry gangrene.

It has been the privilege of Dr. A. Frankenburg, of Nuremberg, in his able Inaugural Address before the University of that city, to definitely settle the question of the cause, and to throw much valuable light upon the subject. His address has also been discussed editorially in a recent number of the *Medicinische Neuigkeiten*.

Frankenburg, to settle the question, conducted a series of experiments upon animals, the results of which appear to be most conclusive. He applied the acid in the form of a 3 per cent. or 5 per cent. solution upon a bandage covering the intact skin of the animal. The parts over which the bandage was placed were shaved, and the dressing kept constantly moist with the solution. Every half hour microscopical examinations of a portion of the skin were made, and the experiments lasted for about three hours in each instance.

In every case a typical "mummification" of the skin was observed, which gradually encroached upon the deeper tissues the longer the application was continued. The microscopical appearances of the preparations were very characteristic and similar in every case.

The epidermis was destroyed, and the papillæ of the cho-

rium were laid bare; there were large gaps in the connective tissue due to an enlargement of the lymphatics; the lumina of the vessels were filled with a partly yellowish white masses, viz., vascular thrombi.

If parts of the human body, intact or else having slight injuries, be brought in contact with a carbolic acid solution of $2\frac{1}{2}$ or 2 per cent. strength, the action of the acid will in predisposed cases cause a gangrene of these parts extending as far as the application.

This gangrene assumes the typical appearance of dry gangrene. It is caused by the formation of thrombi in the vessels, and if the application be kept up for a sufficient length of time will result in an entire occlusion of all the vessels in the field of contact, thus robbing the parts of all nutrition.

This thrombosis and subsequent occlusion is directly caused by the degenerative action of carbolic acid upon both the red and white blood corpuscles. There are no circulatory disturbances of note caused by the action of the acid upon the vaso-motor nerves.

The longer the acid is allowed to remain in contact with the parts, the deeper the gangrene will spread.

This action is especially frequent in such parts as are entirely surrounded by the dressing—notably the phalanges of the extremities.

The use of carbolic acid in the form of moist dressings is especially prone to cause gangrene.

The danger of carbolic acid gangrene is especially predominant in weak subjects, women and children.

In conclusion, we would infer from the results of these observations and experiments that the use of carbolic acid as a dressing in minor or major surgical operations should be restricted as much as possible, and other equally efficacious antiseptics substituted; and, finally, that the profession should warn the laity against the indiscriminate use of the drug in the treatment of injuries.—*Philadelphia Medical and Surgical Reporter*.

TREATMENT OF DIABETES.

Dujardin-Beaumetz (Cochin Hosp. Lectures, in *Therapeutic Gazette*) advises that a most rigorous dietary be prescribed. Eggs, meat, fowls and green vegetables are allowed. Fatty food is useful and may be in the form of oils, fish canned in oil, bacon, pork and butter. Gluten bread is allowed. The patient may take at each meal three ounces of boiled potatoes. All starchy foods are forbidden. Nor is milk allowed. Tea and coffee may be sweetened with saccharin. It is important that sauces and gravies containing flour should not be used. Wine may be taken diluted with vichy. Distilled liquors are prohibited. A combination of carbonate of lithium with a small dose of liquor potassii arsenitis is given twice a day. Fifteen grains of antipyrin are given after each meal. The author considers it important that the mouth should be thoroughly cleansed after eating. A boracic acid antiseptic solution is recommended. A sponge bath with warm water, followed by vigorous rubbing, is strongly advocated. It is considered highly important that the cutaneous surface should be in a state of well marked activity. Mild exercise, regular in its performance, is an adjunct to treatment. The author condemns the skimmed milk treatment of Donkin, believing that the use of milk increases the amount of sugar excreted. The lactose has, in addition, a well marked diuretic action. Saccharin may be freely given, and but rarely produces any unpleasant effects. The author evidently believes the polyuria of diabetes to be of neurotic origin. Antipyrin, phenacetin, and exalgin may all be used to reduce it. He mentions cases where the urine was greatly reduced.

The amount of sugar is also reduced by antipyrin. The author considers the question of the duration of the diabetic diet. From the conclusion which he draws, it would seem that an improvement of diabetes is to be expected rather than a cure. If the former is obtained the author is satisfied with his treatment. The careful diet is continued until the sugar has entirely disappeared or is much diminished. Then, on the ground that the prescribed diet, if too long continued, will enfeeble the patient, a more generous allowance is given. This may cause a reappearance of the sugar, but if the amount be not over 150 grains a day, the glycosuria is not considered deleterious to the patient.—*N. Y. Med. Times.*

DON'TS FOR DRUGGISTS.

The following appears in Meyer Bro's *Druggist*, and purports to be written by H. Keehole:

Don't spit in the mortar to soften a pill mass.

Don't use alcohol to make a solution of borax.

Don't use asafetida to perfume prepared chalk.

Don't bite the corks to make them fit the bottle.

Don't wipe the horn spoon on your shirt when a towel is not handy.

Don't test the quality of a tooth brush on your teeth in making a sale.

Don't insist that iodoform is a delicious odor if your customers don't like it.

Don't use counterfeit coin to make lunar caustic—the acid knows the difference.

Don't try to make alcohol and oil of sweet almonds stay mixed—old Liebig couldn't do it.

Don't delay filling a telephone order for five postage stamps to be sent six blocks to a residence.

Don't forget to wrap your stocking around the clapper of the night bell if you want to enjoy the sweet repose of the just.

Don't show any displeasure when some all-night saloon-keeper rings you out of bed on a cold night to telephone for a keg of beer from a brewery.

Don't fail to scrupulously follow the order on a prescription—when the doctor orders five or six grains of dry powder in a pill, and orders you to make the pills small—have a hydraulic press handy to compress them to one-third the size.

GETTING THERE.

Governor Fifer has recently appointed a young and inexperienced disciple of Hahnemann, Surgeon-General of Illinois. The action is the subject of much unfavorable comment in professional circles. [Had it been a young and *inexperienced Regular*, he would have been just the man for the office of Surgeon-General (?).— v.]

BOOK NOTES.

CONTRIBUTIONS OF PHYSICIANS TO ENGLISH AND AMERICAN LITERATURE by Robert C. Kenner, A. M., M. D. Price, in paper, 25 cents, cloth, 50 cents. George S. Davis, publisher; Detroit, Mich.

The object of this little volume is to give an account of the activity of physicians in field of general literature. It is impossible in a volume of this size to give more than an outline of the subject, and the author has considered the most of the prominent authors. This little work is well worth the time spent in reading it.

GONORRHOEA AND URETHRITIS by G. Frank Lydston, M. D., Professor of the Surgical Diseases of the Genito-Urinary System and Syphilology is the Chicago College of Physicians and Surgeons; Surgeon-in-Chief to the Genito-Urinary and Venereal Department of the West-Side Dispensary; Lecturer on Criminal Anthropology in the United Law School; Member of the Chicago Academy of Medicine and of the Southern Surgical and Gynecological Association; etc., etc. Price in Paper, 25cents, cloth, 50 cents. George S. Davis, Publisher, Detroit, Mich.

In this little work the author has taken the liberty of reiterating the views upon the evolution of gonorrhœa which were originally published in an essay upon the "Evolution of the Local Venereal Diseases," several years ago. Aside from this indulgence in more or less speculative theorizing, the work will, it is hoped, be found to be distinctively practical.



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The fluid extracts are often made from old musty and worthless herbs, having lost their identity and all their virtues; hence, if you desire a physiological action and expect any returns I can not recommend too highly Lloyd Bros.' Specific Medicines, from the simple fact that the old school have been using most of our preparations. Having had no results from their fluid extracts, hence they had recourse to the more powerful drugs in our materia medica to accomplish their purpose. Finally as results and comparisons will show, we give less drugs, more to the point and fewer passes to the cemetery."

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